CMCSS K-12 Virtual 1312 Highway 48/13 Clarksville, TN 37040 Office: 931-553-1117 Email: virtualschool@cmcss.net



REQUESTS MUST BE SUBMITTED BY:
PERIOD I: MARCH 1-APRIL 30
PERIOD II: JUNE 15-JULY 22
Requests received after July 22 will be
considered within thirty (30) school days.

Late Enrollment Request K-12

-	•	_	ubmitted to the office of K-12 Virtual:
			Grade Level
_			
_			Parent/Guardian's Email
			<u> </u>
•	earning Mentor Info		
_	;		
			mail Address:
	eceiving special educa		
If yes, what sp	ecial education service	e does your child re	ceive?
Does the stud	ent have a 504 plan? _		
	THE REQUEST TO BE		
Medical: SNew EnrolREASON FOR	lment: Student enrolle	ed in a CMCSS school	the physician treating the child. Attach documentation. ol after the specified open enrollment period.
 Approval is request with the Approval is approval in the Approval	as approved. of the request is conting may be revoked due to *Parents will be notified by	e duration of Elemen ngent on space bein to excessive tardies, a by letter of approval or ion in its entirety, ar and belief.	g available in the requested program/grade. absenteeism, misconduct or poor academic performance. adenial for Period I by May 15 and Period II by August 1. and I also acknowledge that all information provided is true and
	_		Date
FOR OFFICE U			

Signature/Date